

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 566717

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		1				
25		1				
26		1				
27		1				
28		1				
29		2				
30		1				
31						
32						
33						
34						
35						
36						
37						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						